

COMMERCE AND INSURANCE

Tennessee Commission on Fire Fighting

500 James Robertson Parkway, Suite 630 Nashville, TN 37243 – 615-741-6780

Live Fire Training Requirements

- 1. This standard shall be used to conduct all live fire training concerning acquired structures and/or training center buildings by definition of NFPA 1403.
- 2. The lead instructor and the incident commander shall share equal responsibility for all aspects of any live fire training.
- 3. All students will meet the prerequisites defined in NFPA 1403.
- 4. All persons participating in training shall meet OSHA 1910-134.
- 5. Any instructor wishing to teach live fire training in this State which will receive Commission credit, shall have to participate in a Live Fire Training Instructors course which has been approved by the Commission and pass a written test at the end of this class with a minimum passing score of 70%.
- 6. This class will be taught by personnel approved by the Commission on Fire Fighting Personnel Standards and Education with the only exceptions being the Tennessee Fire Academy on site facility.
- 7. The instructor in charge and the incident commander must attend and successfully complete a Tennessee Fire Fighting Commission-approved live fire training course and be a certified Instructor I by the Commission. All other instructors must be certified as Fire Department Instructor I by the Commission.
- 8. Departments must submit a completed application for live fire training for acquired structures to the Commission office 15 working days prior to training.
- 9. Any instructor that fails to meet any and all of these requirements shall be given written notice to appear in front of the Tennessee Commission on Fire Fighting for a disciplinary hearing. The instructors will be notified in writing of this hearing within accordance of Chapter 0360-5-1-.01.
- 10. No alcoholic beverages or drugs shall be on the training grounds at any time.
- 11. Any students participating in a live fire training exercise and appearing under the influence of drugs or alcohol shall not be permitted to participate in the exercise.

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Tennessee Commission on Fire Fighting Personnel Standards and Education

500 James Robertson Parkway, Suite 630 Nashville, TN 37243-0579

Rec'd
App. Ltr. Sent
Live Burn #

Application for Live Fire Training

This Completed Application Must Be Submitted to the Address Above 15 Working Days Prior To Any Live Fire Acquired Structure Training Being Conducted

County of Training: _	Date of	Training:	Time of Training:
nstructor In Charge:	!	_ive Burn #:	Contact #:
ncident Commande	r:	Live Burn #:	Contact #:
ist all Instructors tha	at will be assisting In this t	raining (attach addit	tional sheets if necessary):
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0	11		12
Each Depa	artment/Agency Shall Mainta	ain Copies of the Follo	wing Documentation:
 All reports a Copy of Pe 	all paperwork submitted to the and documents required in Commission to Burn The Structuo of A Clear Title. Trificate of Insurance Cancel batement (If Required).	Chapter 9 of NFPA 14 ure	

All Live Fire Training Is Subject To Inspection From The Fire Fighting Commission



TN Commission on Fire Fighting Live Fire Accountability Checklist

Address:	
Date:	Time:
Instructor in Charge:	
Instructor Live Burn Nun	nber:

Incident Commander:	 SS#	/	/	
Instructor In-Charge:	 _SS#	/	/	
Safety Officer(s):	 			
Ignition Officer:				
Accountability Officer:	 			
Engineer on Primary Engine:				
Engineer on Secondary Engine:	 			
Inside Instructors:	 			
RIT Team:	 			
Incident Rehabilitation Officer:	 			
Secondary Instructors:	 			
	 · · · · · · · · · · · · · · · · · · ·			



Address:
Date: Time:
Instructor in Charge:
Instructor Live Burn Number

Permits, Documents, Notifications, Insurance

Written Documentation Received From the Owner

YES	N/A	Permission to Burn Structure
YES	N/A	Proof of Clear Title
YES	N/A	Certification of Insurance Cancellation
YES	N/A	Acknowledgement of Post-burn Property Condition
YES	N/A	Local Burn Permit Received
YES	N/A	Permission Obtained to Utilize Fire Hydrants
YES	N/A	Notification Made to Appropriate Dispatch Office of
		Date, Time, and Location of Burn
YES	N/A	Notification Made to All Affected Police Agencies
YES	N/A	Received Authority to Block Off Roads
YES	N/A	Received Assistance in Traffic Control
YES	N/A	Notification Made to Owners and Users of Adjacent
		Property of Date, Time, and Location of Burn
YES	N/A	Liability Insurance Obtained Covering Damage to Other Property
YES	N/A	Written Evidence of Prerequisite Training Obtained
		From Participating Students From Outside Agencies
YES	N/A	Proper Paper Work Sent of Division of Air Quality and
		Fire Fighting Commission Office



Address:
Date: Time:
Instructor in Charge:
Instructor Live Burn Number

Pre-Burn Planning

Pre-Burn plans made, showing the following:

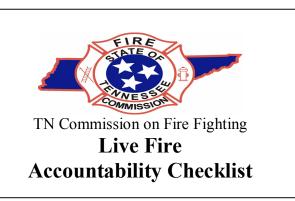
YES	N/A	Site Plan Drawing, Including All Exposures
YES	N/A	Building Plan, Including Overall Dimensions
YES	N/A	Floor Plan Detailing All Rooms, Hallways, and Exterior Openings
YES	N/A	Location of Command Post
YES	N/A	Position of All Apparatus
YES	N/A	Position of All Hoses, Including Backup Lines
YES	N/A	Location of Emergency Escape Routes
YES	N/A	Location of Emergency Evacuation Assembly Area
YES	N/A	Location of Ingress and Egress Routes for Emergency Vehicles
YES	N/A	Available Water Supply Determined
YES	N/A	Required Fire Flow Determined for the Burn Building and
		Exposure Buildings: Critical Flow=Building Length X
		Width X Height / 100= GPM
YES	N/A	Required reserve Flow Determined (50 Percent of Fire Flow) GPM
YES	N/A	Separate Water Sources Established for Attack and Backup Hose Lines
YES	N/A	Periodic Weather Reports Obtained
YES	N/A	Parking Areas Designated and Marked
YES	N/A	Operations Area Established and Perimeter Marked
YES	N/A	Communications Frequencies Established, Equipment Obtained Frequency and Channel Including
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Address:
Date: Time:
Instructor in Charge:
Instructor Live Burn Number

Pre-Burn Procedures

YES	N/A	Participants Briefed on Building Layout
YES	N/A	All Participants Briefed on Crew and Instructor Assignments
YES	N/A	All Participants Briefed on Safety Rules
YES	N/A	All Participants Briefed on Building Evacuation Procedure
YES	N/A	All Participants Briefed on Evacuation Signal and it is Demonstrated
YES	N/A	All Hoselines Checked for Sufficient Size for the Area of Fire Involvement
YES	N/A	All Hoselines Charged and Test Flowed
YES	N/A	All Hoselines Supervised by Qualified Instructors
YES	N/A	All Hoselines Have an Adequate Number of Personnel
YES	N/A	Necessary Tools and Equipment Positioned
YES	N/A	Participants Checked for Approved Full Protective Clothing
YES	N/A	Participants Checked for Self-Contained Breathing Apparatus
YES	N/A	Participants Checked for Adequate SCBA Air Volume
YES	N/A	Participants Checked for all Equipment Properly Donned
YES	N/A	All Participants Including Instructors Placed Through Incident Rehabilitation
		for a Baseline Set of Vital Signs



Address:	
Date:	_ Time:
Instructor in Charge:	
Instructor Live Burn Nur	nber

Post-Burn Procedures

YES	N/A	Personnel Accounted For
YES	N/A	Remaining Fires Overhauled, as Needed
YES	N/A	Building Inspected for Stability and Hazards Where More Training is
		to Follow
YES	N/A	Training Critique Conducted
YES	N/A	Records and Reports Prepared as Required
YES	N/A	Account of Activities Conducted
YES	N/A	List of Instructors and Assignments
YES	N/A	List of Other participants
YES	N/A	Documentation of Unusual Conditions or Events
YES	N/A	Documentation of Injuries Incurred and Treatments Rendered
YES	N/A	Documentation of Changes or Deterioration of Training Center Burn
		Building YES N/A
YES	N/A	Acquired Building Release
YES	N/A	Student Training Records
YES	N/A	Certification of Completion
YES	N/A	Building and Property Released to Owner
YES	N/A	Release Document Signed
YES	N/A	Incident Rehabilitation



Address:	
Date:	_ Time:
Instructor in Charge:	
Instructor Live Burn Numbe	r

Responsibilities of Personnel

Instructor-In-Charge

YES YES YES YES YES YES	N/A N/A N/A	Plan and Coordinate All Training Activities Monitor Activities to Ensure Safe Practices Inspect Building Integrity Prior to Each Fire Assign Instructors to Attack Hose Lines Assign Instructors to Backup Hose Lines Assign Instructors to Functional Assignments Assign Instructors to Teaching Assignments
YES	N/A	Brief Instructors on Responsibilities of Accounting for Assigned Students
YES	N/A	Brief Instructors on Responsibilities of Assessing Student Performance
YES	N/A	Brief Instructors on Responsibilities of Clothing and Equipment Inspection
YES	N/A	Brief Instructors on Responsibilities of Monitoring Safety
YES	N/A	Brief Instructors on Responsibilities of Achieving Tactical and Training Objectives
YES	N/A	Assign Coordinating Personnel as Needed
YES	N/A	To EMS
YES	N/A	Communications
YES	N/A	Water Supply
YES	N/A	Apparatus Staging
YES	N/A	Breathing Apparatus
YES	N/A	Incident Rehabilitation
YES	N/A	Public Relations
YES	N/A	Ensure Adherence to This Standard by All Persons Within the Training Area
YES	N/A	No Alcohol Consumption at Any Training
YES	N/A	No Persons Under the Influence of Drugs or Alcohol Allowed to Participate

Safety Off	icer	
YES	N/A	Prevent Unsafe Acts
YES	N/A	Eliminate Unsafe Conditions
YES	N/A	Intervene and Terminate Unsafe Acts
YES	N/A	Supervise Additional Safety Personnel, as Needed
YES	N/A	Coordinate Lighting of Fires With Instructor-In-Charge
YES	N/A	Ensure Compliance of Participants Personal Equipment With Applicable Standards
YES	N/A	Protective Clothing
YES	N/A	SCBA
	N/A	Personal Alarm Devices
YES	N/A	Ensure That All Participants Are Accounted for, Both Before and After, Each Evolution
YES	N/A	No Alcohol Consumption at Any Training
YES	N/A	No persons under the influence of drugs or Alcohol Allowed to Participate
Instructor		·
YES	N/A	Monitor and Supervise Assigned Students (No More Than Five Per Instructor)
YES	N/A	Inspect Students Protective Clothing and Equipment
YES	N/A	Account for Assigned Students, Both Before and After Evolutions
YES	N/A	No Alcohol Consumption at Any Training
YES	N/A	No Persons Under the Influence of Drugs or Alcohol Allowed to Participate
Student		
YES	N/A	Acquire Prerequisite Training
YES	N/A	Become Familiar With Building Layout
YES	N/A	Wear Full Protective Clothing
YES	N/A	Wear Approved Self-Contained Breathing Apparatus
YES	N/A	Obey All Instructions and Safety Rules
YES	N/A	Provide Documentation of Prerequisite Training, Where From an Outside Agency
YES	N/A	No Alcohol Consumption at Any Training
YES	N/A	No Persons Under the Influence of Drugs or Alcohol Allowed to Participate



Address:
Date: Time:
Instructor in Charge:
Instructor Live Burn Number

jective 1:	
jective 2:	
Jeouve 2	
jective 3:	
jective 4:	
jective 5:	
jective 6:	



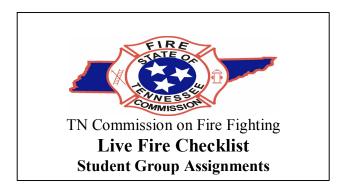
Address:
Date: Time:
Instructor in Charge:
Instructor Live Burn Number

Objective 7:	 		
Objective 8:			
Objective 9:			
Objective 10:			
Objective 11:	 		
Objective 12:			
	 	<u> </u>	



Address:	
Date:T	ime:
Instructor in Charge:	
Instructor Live Burn Number	
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Group 1
1. Team Leader:
2.
3.
4.
5.
Group 2
1. Team Leader:
2.
3.
4.
5.
Group 3
1. Team Leader:
2.
3.
4.
5.



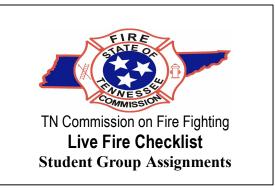
Address:	
Date:	Time:
Instructor in Charge:	
Instructor Live Burn Number	

Group 4
1. Team Leader:
2.
3.
4.
5.
Group 5
1. Team Leader:
2.
3.
4.
5.
Group 6
1. Team Leader:
2.
2.3.4.
5.



Address:
Date: Time:
Instructor in Charge:
Instructor Live Burn Number:

Group 7
1. Team Leader:
2.
3.
4.
5.
Group 8
1. Team Leader:
2.
2. 3. 4.
4.
5.
Group 9
1. Team Leader:
2.
3.
4.
5.



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Group 10
1. Team Leader:
2.
3.
4.
5.
Group 11
1. Team Leader:
2.
2.3.4.
5.
Group 12
1. Team Leader:
2.
3.
4.
5.



TN Commission on Fire Fighting Live Fire Checklist Site Plan/Vehicle Staging

Address:
Date:Time:
Instructor in Charge:
Instructor Live Burn Number:

1.			

Tennessee Commission on Fire Fighting Personnel Standards and Education

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LIVE BURN STUDENT ROSTER

This form is to be completed and returned to the Commission office <u>AFTER</u> the live burn is completed. Only students who successfully complete the live burn exercises should be listed.

Host Department/Agency			
Date	Live Burn #		
Number of Students Successful	ly Completing		
Lead InstructorPrint	ted	Signature	
Incident CommanderPrint	 Signature		
	STUDENTS		
NAME PRINTED	SOCIAL SECURITY NUMBER	SIGNATURE	

NAME PRINTED	SOCIAL SECURITY NUMBER	SIGNATURE